MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

812.5 10c

0409

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural nr. Bel Alton
LENGTH OF STAY (in this place) En route
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. highway #558

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Edward	Bell	January	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widowed	ABT. 1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Helper	Farm	Maryland	

13. FATHER'S NAME Joseph Bell

14. MOTHER'S MAIDEN NAME Elizabeth Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Ruth Somers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Avulsion of half of skull — Interval between onset and death: Seconds

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident — Seconds

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	State Road	Bel Alton	Charles	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☑	HOW DID INJURY OCCUR?
1	8	49	9:00-9:45 P.M.			Unknown at present (Hit-and-run)

22. I hereby certify that I attended the deceased ~~from~~ on Jan. 8, 1949, to ~~1949~~, that I ~~last~~ saw the deceased ~~alive~~ on Jan. 8, 1949, and that death occurred at 9:00-9:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
James L. MacKavanagh	M.D., Deputy Medical Examiner, Laurel, Md.	1-8-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-8-49		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/8/49	Julia H. Posey	Hewitt & Ryon - Waldorf, Md.

RECEIVED
JAN 20 1949
BUREAU V. S.

1949
57
1897

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

170
50

0410

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Allens Fresh; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nannie	Sophia	Bowling	January	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W		Feb. 8, 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Higgs	Catherine Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Miss Annie E. Bowling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) hypostatic pneumonia	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignancy, primary breast, grade I	7 years.
	(c) none.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept, 1947, to January 1949, that I last saw the deceased alive on 16 January, 1949, and that death occurred at 4:59 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A B Woodley.	A.B., M.D.	LaPlata. Md.	16 Jan 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1/19/49	Dentsville M.E.	Dentsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/19/49	Julia H. Posey	Hewitt & Ryon,	Waldorf, Md

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

0411

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 7730

CERTIFICATE OF DEATH

161C Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stella	Louise	Chisley	Jan.	19,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	Aug. 4, 1948	0 yrs.	5	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): La Plata, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Matthews Chisley
14. MOTHER'S MAIDEN NAME: Mary Eustella Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: —
17. INFORMANT: Mary B. Chisley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple hemorrhages from mucosal surfaces	1-2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Natural Causes — unknown	1-2 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased ~~from~~ on Jan. 19, 1949, to ~~19~~, that I ~~last~~ saw the deceased ~~alive~~ on Jan. 19, 1949, and that death occurred at 12-12:30 A.m., from the causes and on the date stated above.

SIGNATURE: James L. MacKavanagh, M.D.; Deputy Medical Examiner; La Plata, Md.
(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/49	St. Catherines	Port Tobacco, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/19/49	Julia H. Posey	James Chisley	La Plata, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

974 164a

0412

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Green (Last) Clements

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: May 25, 1881

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George R. Clements

14. MOTHER'S MAIDEN NAME: Rose L. Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: George Clements

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hanging — Interval between onset and death: 1-16-49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.): Barn (CITY OR TOWN): Rural Waldorf (COUNTY): Chas. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 1 16 49 1 A m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Hung self

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: H. Medical Examiner (Degree or title) ADDRESS: La Plata Md DATE SIGNED: 1-16-49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 1/19/49 NAME OF CEMETERY OR CREMATORY: St. Josephs LOCATION (City, town, or county) (State): Pomfret, Md

DATE REC'D BY LOCAL REG. 1/18/49 REGISTRAR'S SIGNATURE: M. L. Monroe Jr. 21. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon, Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 19 1949
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0413

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

442
131a

Reg. Dist. No. 105

1. PLACE OF DEATH

County: CHARLES

City or town: MALCOLM —
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1½ WEEKS

Hospital, institution, or street address where death occurred: MALCOLM - different house

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Malcolm
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME JOHN COATES

3. (b) Social Security Number

4. Sex: M

5. Color or race: Blk (C)

6.(a) Single, married, widowed, or divorced: MARRIED

6.(b) ~~Name of husband~~ or wife: MARY COATES —

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): FEB 2, 1865

8. AGE: Years 83 | Months 11 | Days 28 | If less than one day: 2 hrs. 7 min.

9. Birthplace: Malcolm, Charles County, Md.
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER
12. Name: Alfred Coates
13. Birthplace: Charles County, Md —

MOTHER
14. Maiden name: Christine ?
15. Birthplace: Charles County

16. Informant: Evelyn Hardy
Address: Malcolm, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/6/49 (month) (day) (year)

Cemetery or crematory: St. Peters

Location: Waldorf, Md.

18. Funeral director: Hunt & Ryan
Address: Waldorf, Md.

19. 1-6 (Date rec'd by registrar) 1949 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 4 1949 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1948 to Jan 4 1949 and that I last saw him alive on Jan 3 1949

Immediate cause of death: Cardiovascular collapse

Due to: Cardiovascular Disease

Due to: Arteriosclerosis & Congestive heart failure

Other conditions: Dropsy
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alfred R Lapen, M.D. M. D. or other

Address: Aquasco Md. Date signed: Jan 4 1949

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 20 1949
BUREAU V. S.

0414

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

816.5

CERTIFICATE OF DEATH

170 C

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY: Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural nr. Bel Alton — LENGTH OF STAY (in this place): En route	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. 301	STREET ADDRESS (If rural give location): 199 Smith Ave.

3. NAME OF DECEASED (Type or Print)	(First) Josephine	(Middle) Larkin	(Last) Dallay	4. DATE OF DEATH	(Month) January	(Day) 18	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Sept. 1, 1888	9. AGE last birthday: 60 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Ruby, N.Y.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Daniel Sheehan, Ireland	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture-dislocation of cervical spine	Seconds
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Automobile accident	Seconds
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): State Highway	(CITY OR TOWN): Mr. Bel Alton	(COUNTY): Charles	(STATE): Md.
TIME OF INJURY (Month) 1 (Day) 18 (Year) 49 (Hour) 1:40 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Struck truck while overtaking it		

22. I hereby certify that I attended the deceased ~~from~~ on Jan. 15, 1949, to ~~—~~, ~~19~~, that I ~~last~~ saw the deceased ~~alive~~ on Jan. 18, 1949, and that death occurred at 1:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Mackavanagh, M.D., Deputy Medical Examiner La Plata, Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 1/19/49	NAME OF CEMETERY OR CREMATORY: St. Marys	LOCATION (City, town, or county) (State): Kingston, Ulster Co. N.Y.
DATE REC'D BY LOCAL REG.: 1/19/49	REGISTRAR'S SIGNATURE: Julia H. Pasey	24. FUNERAL DIRECTOR: Hunt + Ryan - Waldorf	ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 20 1949
BUREAU V. S.

0415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wesley (Last) DYSON
4. DATE OF DEATH (Month) Jan. (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 1, 1880
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Washington Dyson
14. MOTHER'S MAIDEN NAME Isabell Shorter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ora Dyson Queen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemiplegia	1-3-49
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	10-6-45
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1945, to 1-23, 1949, that I last saw the deceased alive on 1-23, 1949, and that death occurred at 12 40/45 m., from the causes and on the date stated above.

SIGNATURE Edelen H. (Degree or title) ADDRESS La Plata Md. DATE SIGNED 1-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-27-49
NAME OF CEMETERY OR CREMATORY Shiloh
LOCATION (City, town, or county) (State) Newburg, Md
DATE REC'D BY LOCAL REG. 1/25/49
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Penny & Copher, ADDRESS Mason Springs, Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0416

331
83a

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlotte Hall
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlotte Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Alexander (Last) Freeman

4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ABT. 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alexander M. Freeman
14. MOTHER'S MAIDEN NAME Catherine Ann Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bessie L. Freeman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE	14 HOURS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED AND CEREBRAL ARTERIO-SCLEROSIS	UNDETERMINED
	(c) ESSENTIAL HYPERTENSION	UNDETERMINED

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from APRIL, 1948, to JANUARY 10, 1949, that I last saw the deceased alive on JANUARY 10, 1949, and that death occurred at 7 10 P m., from the causes and on the date stated above.

SIGNATURE John H. Guffin (Degree or title), M.D. ADDRESS Hughesville, Md. DATE SIGNED 1/11/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1/13/49 NAME OF CEMETERY OR CREMATORY Trinity LOCATION (City, town, or county) Newport (State) Md

DATE REC'D BY LOCAL REG. 1/12/49 REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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0417

Reg. Dist. No. 100

1. PLACE OF DEATH:
County Charles.
City or town La Plata.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 days.
Hospital, institution, or street address where death occurred:
Physicians Memorial Hospital, LaPlata, Md
How long in hospital or institution? 12 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges.
City or town CROOM.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Belle GARNER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female.	US-W.	Widowed

6.(b) Name of husband ~~or wife~~ Thomas A Garner.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 4th 1867

8. AGE: Years	Months	Days	If less than one day
81	4	27	..... hrs. ..... min.

9. Birthplace CROOM, Prince Georges, Md
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business —

MOTHER FATHER
12. Name ZADDOCK TAYMAN
13. Birthplace Croom. Maryland
MOTHER
14. Maiden name Elizabeth OGLE
15. Birthplace unknown, Maryland

16. Informant Son, William A Garner.
Address CROOM, Md.
17. Burial Date thereof Jan. 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Thomas
Location Croom, Maryland
18. Funeral director Ritchie Bros.
Address Upper Marlboro Md.
19. Jan 1 1949 Julia H. Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH First January 1849 at ..... M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw her alive on 1 January 19 49

Immediate cause of death	DURATION
Thrombosis	36 hrs.
Due to Metastis of rectal carcinoma	1 month.
Due to Primary Carcinoma in sigmoid Colon.	4 10/12 yrs.
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results None.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J O Woodey, M.D.
M. D. or other
Address La Plata. Md. Date signed 1 Jan 49

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 20 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Bryans Road, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Bryans Road, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Bryans Road, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Paul Wesley Gray

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	married

6.(b) Name of husband or wife: Florence Gray

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 14, 1902

8. AGE:

Years	Months	Days	If less than one day
46	11	25	..... hrs. ..... min.

9. Birthplace: Indian Head, Chas. Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Henry Gray
13. Birthplace

MOTHER
14. Maiden name: Mary Washington
15. Birthplace: Accokeek, Prince George Co., Md.

16. Informant: Thomas Gray
Address: Bryans Road, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 1 - 12 - 49 (month) (day) (year)

Cemetery or crematory: St Charles

Location: Glymont, Md.

18. Funeral director: Stanley Penny
Address: Mason Springs, Md.

19. 1 - 11 - 1949
(Date rec'd by registrar)
Mayme Ransome
Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 9th 1949, at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Coronary Heart Disease with Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

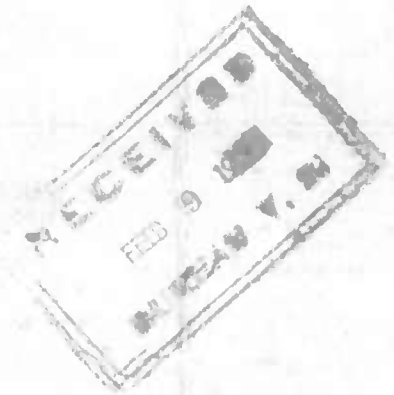
23. SIGNATURE: Percival C. Smith
M. D. or other

Address: Indian Head, Md. Date signed: Jan 10th 1949

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy Rural
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Magdelena (Last) Tolla

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Mch 10 1877

9. AGE last birthday 71 yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Steve Lavo

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT Frank Schaub (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acidosis, Pulmonary Congestion.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to ....., 19....., that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE George C. Bicknell (Degree or title) ADDRESS Marbury Md DATE SIGNED Jan 29 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan 29 49

NAME OF CEMETERY OR CREMATORY Bryantown Md

LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. Jan 29, 1949

REGISTRAR'S SIGNATURE Mary Southerland

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 103

1. PLACE OF DEATH
COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newport
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newport
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Louis	Price	JAN.	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	11-9-48	0 yrs.	2	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Newport, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shirley Price Jr.
14. MOTHER'S MAIDEN NAME: Mary Edna Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mary Edna Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Sudden death due to natural causes	1-2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Unknown	1-2 hrs. (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on Jan. 11, 1949, ~~to~~, ~~19~~, that I ~~last~~ saw the deceased ~~alive~~ on Jan. 11, 1949, and that death occurred at 12-30 - 4-00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. 1-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 11, 1949	Newport Cemetery	Newport, Charles, Md.

DATE REC'D BY LOCAL REG.: Jan. 11, 1949
REGISTRAR'S SIGNATURE: Mary E. Burch.
24. FUNERAL DIRECTOR — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. ~~100~~ 105 00

1. PLACE OF DEATH· COUNTY Chas MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Pomfret, Md COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 1 wk	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem. Hosp. La Plata Md.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Wood			4. DATE OF DEATH (Month) 1 (Day) 15 (Year) 1949		
5. SEX M	6. COLOR OR RACE C	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH ABT 1876	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? W.S	
13. FATHER'S NAME ? unknown			14. MOTHER'S MAIDEN NAME Cecelia Miles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT James Wood		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage (hemiplegia)	1-6-49
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	3-46
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3, 1946, to 1-6, 1949, that I last saw the deceased alive on 1-15, 1949, and that death occurred at 08 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edelen M.J		La Plata, Md	1-16-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE 1/18/49	NAME OF CEMETERY OR CREMATORY St. Joseph	LOCATION (City, town, or county) (State) Pomfret Md.
DATE REC'D BY LOCAL REG. 1-18-49	REGISTRAR'S SIGNATURE M. L. Moore	24. FUNERAL DIRECTOR Hunt & Ryon	ADDRESS Waldorf

J. Posey

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JAN 20 1949
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